J.	9

ر.	. 4)	Ŋ.	TILI	ΤY		
æ	ATE	NT A	APF	PLIC	ATI	ON
2	TI	RAN	ISIV	IITT	ΆL	

1994/00040 Attorney Docket No. 21994/0040

First Named Inventor or Application Identifier

Mikio OKUMURA et al.

Title

LIGHT DEFLECTOR AND METHOD FOR DRIVING LIGHT DEFLECTOR

• • • • • • • • • • • • • • • • • • •	C.F.R. 1.53(b))	Express M	ail Label No.	d d		
APPLICATION	ELEMENTS		ADDRESS TO:	Commissioner for Box Applications Washington, D.C.	1 00	
1.	[Total Pages th below] ention ed Applications sponsored R & D appendix on	b	Nucleotide and/ Submission (if Computer Respectification See i. CD-ROI ii. paper	or Amino Acid Sequi applicable, all necess eadable Form (CRF) equence Listing on: M or CD-R (2 copies) verifying identity of	ence sary)); or above copies	
- Brief Description of the Di - Detailed Description - Claim(s) - Abstract of the Disclosure 4.	[12]] 11. 12. 13. (dl) 14. leted) 15. ventor(s)	10. □ 37 CFR 3.73(b) Statement □ Power of Attorney (when there is an assignee) 11. □ English Translation Document (if applicable) 12. ☒ Information Disclosure ☒ Copies of IDS Statement (IDS)/PTO-1449 Citations 13. □ Preliminary Amendment 14. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. ☒ Certified copy of Priority Document(s) (if foreign priority is claimed)				
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR § 1.76:: Continuation Divisional Continuation-in-part (CIP) of prior application No.						
K Customer Number or Bar Code Lal	ttach bar code	or 🛘 correspondence address below				
NAME	PATENT TRADEMARK OFFICE Connolly Bove Lodge & Hutz LLP					
ADDRESS	Suite 800 1990 M Street, N.W.					
	Washington	STATE	DC	ZIP CODE	20036-3425	
COLDITAL		TELEPHONE	(202) 331-7111	FAX	(202) 293-6229	
COUNTRY	U.S.A	TELEPHONE	(404) 331-/111	L FAA	(202) 275-0227	

				Fee Calculation	n and Trans	mittal			
	(Col 1)	η Γ	(Col 2)	(Col 3)	SMA	LL ENTITY		NON-S	SMALL ENTITY
	NO. FILED	1		NO. EXTRA	RATE	FEE	OR	RATE	FEE
TOTAL	9	minus	20	= 0	x9=	\$		x18=	\$0.00
INDEP	3	minus	3	= 0	x42=	\$		x84=	\$0.00
_ First Presentation, Multiple Dependent Clalms +140=					+140=	\$		+280=	\$
Base Filing Fee						\$370			\$740.00
Other Fee (sp	ecify purpose)					\$			9
TOTAL FILING FEE* (accounting for possible small entity status)						\$	OR	TOTAL	\$740.00

	ount of \$ to cover the filing fee is enclosed losed at this time. Full payment will be made when the executed Declaration is submitted.
 No payment is end	losed at this time. Full payment will be made when the executed Declaration is submitted.
The Director is he copy of this sheet	reby authorized to charge and credit Deposit Account No. 22-0185 as described below. A duplicate is enclosed.
	Charge the amount of \$ as filing fee
	Credit any overpayment.
	Charge any additional filing fees required under 37 CFR § 1.16
	Charge any additional filing fees required under 37 CFR § 1.17
	If filing fee is not enclosed herewith, the filing fee(s) required to Deposit Account No. 22-0185.

Signature Date February 14 2002	Name (Print/Type)	Morris Liss	Registration No. (Attorney/Agent)	24,510
	Signature	Mon fin	Date	February 14, 2002